

Reproductive Health Training

For Primary Providers

A SourceBook
for
Curriculum Development

Module 2
Educating Clients &
Groups



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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
COC	combined oral contraceptive
FGD	focus group discussion
FP	family planning
HIV	human immunodeficiency virus
IUD	intrauterine contraceptive device
MAQ	maximizing access to and quality of care
MH	maternal health
ORS	oral rehydration solution
POI	progestin-only injectables
POP	progestin-only pill
RH	reproductive health
STI	sexually transmitted infection

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as references to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers, but it can also be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically, the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. A list of the eight *SourceBook* modules appears below.¹ This module is highlighted.

Module 1	Counseling clients for family planning/reproductive health services
Module 2	Educating clients and groups about family planning/reproductive health
Module 3	Providing family planning services
Module 4	Providing basic maternal/newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected ² reproductive health services
Module 7	Working in collaboration with other reproductive health and community workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

¹ Other jobs, or modules, may be identified and developed.

² This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 2

Module 2 contains the components for developing a curriculum or a curriculum unit on educating clients and groups about family planning and reproductive health (FP/RH). The module covers basic considerations, techniques, skills and processes for planning, conducting and evaluating FP/RH education sessions for clients or groups who would benefit from these services. Principles of interpersonal communication, counseling and information-providing skills covered in Module 1 are applied in this module.

This module is intended to be used in conjunction with the clinical skills modules (Modules 3 through 6); therefore content and tools on the skills and processes of providing education are not repeated in **those** modules. During training for **this** module, it is recommended that the trainees practice educating clients or groups about FP/RH services that they are already providing so that the emphasis is on improved performance in educating clients and groups rather than on learning new RH content. The trainer can then help trainees apply their improved knowledge and skills in educating clients and groups to new RH clinical skills that are covered in the other modules.

When developing a performance-based curriculum on educating clients and groups about FP/RH, the following resources are essential to use in conjunction with Module 2:

Key Resources (full citations are in the User's Guide and the **References** list at the end of this module)

- *Contraceptive Technology*, 16th rev. ed. (Hatcher, et al)
- *Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide*, rev. ed. (PATH)
- *7 Planning Questions for Family Planning Training* (INTRAH)
- *Teaching and Learning with Visual Aids* (INTRAH)
- national or local service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for educating clients and groups about FP and RH.

Mapping Module 2

On the following pages are a series of figures that progressively build the “map” of Module 2 (Figures 1 through 5). The term “map” has a unique meaning in the *SourceBook*. Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee’s JOB (the JOB for Module 2 is “educating clients and groups about FP/RH”);
- the MAJOR TASKS of the job;
 - the KNOWLEDGE required to perform the job;
 - the SKILLS required to perform the job;
 - KNOWLEDGE ASSESSMENT QUESTIONS; and
 - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, the JOB appears in the horizontal box at the top of the map.

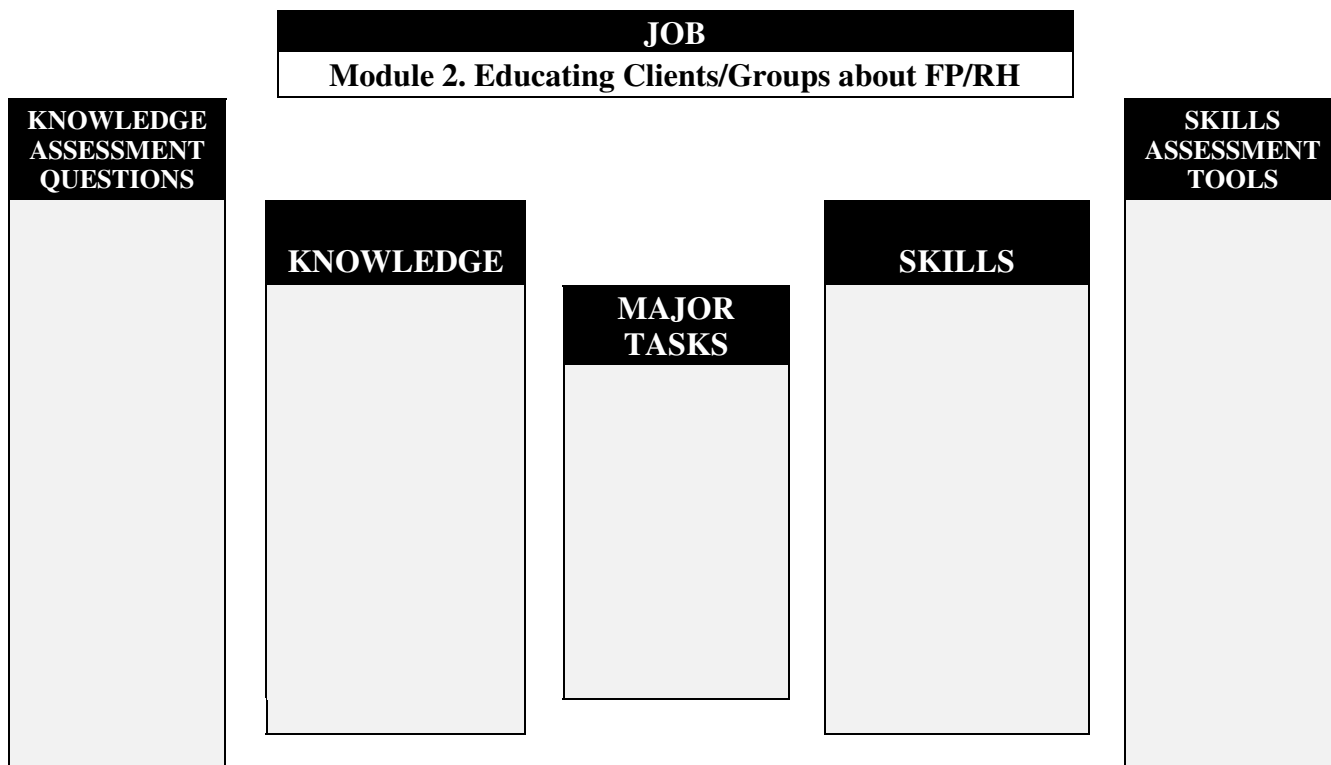


Figure 1
The Module “Map”

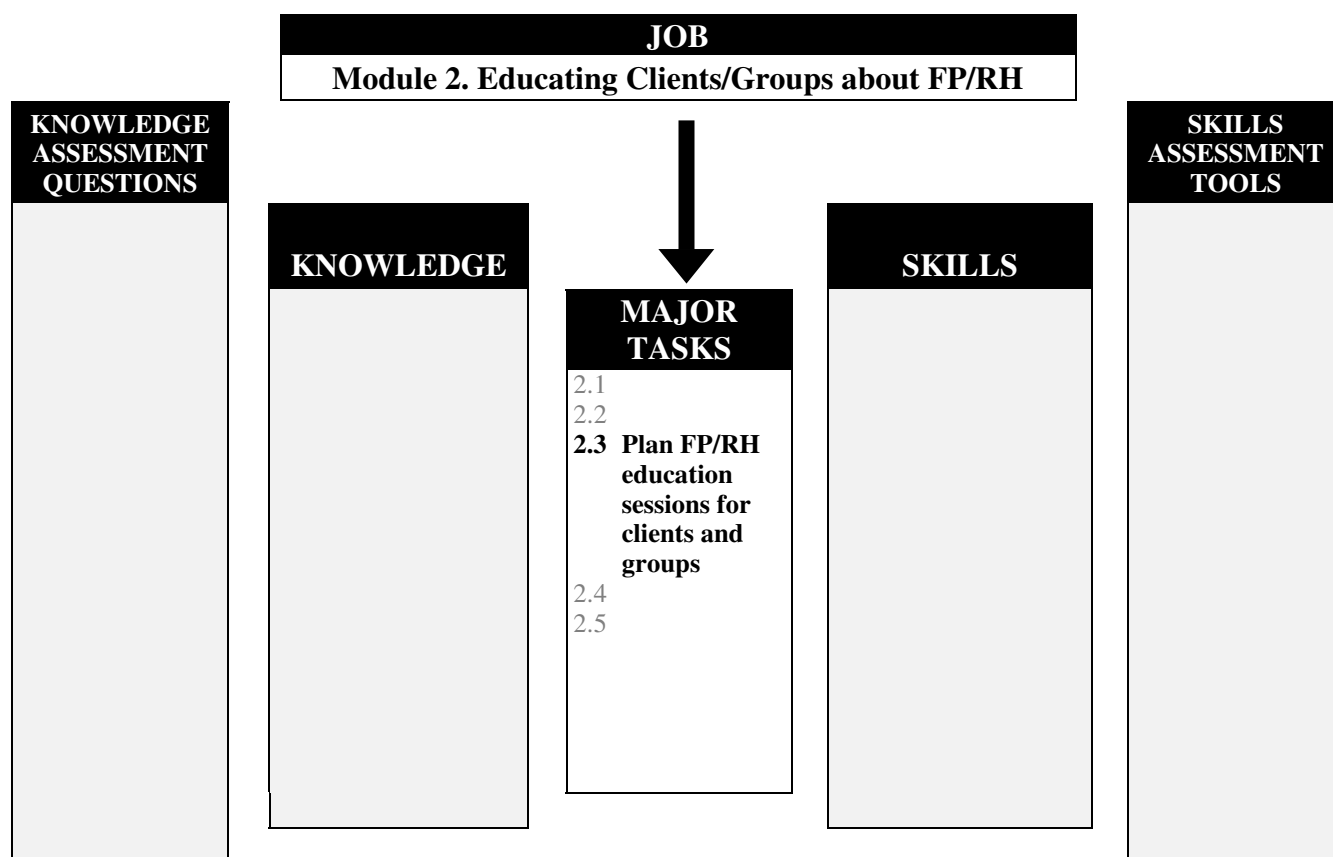


Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, “Educating Clients and Groups about FP/RH,” consists of five MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the five MAJOR TASKS in Module 2, “Plan FP/RH education sessions for clients and groups,” is featured in Figure 2.

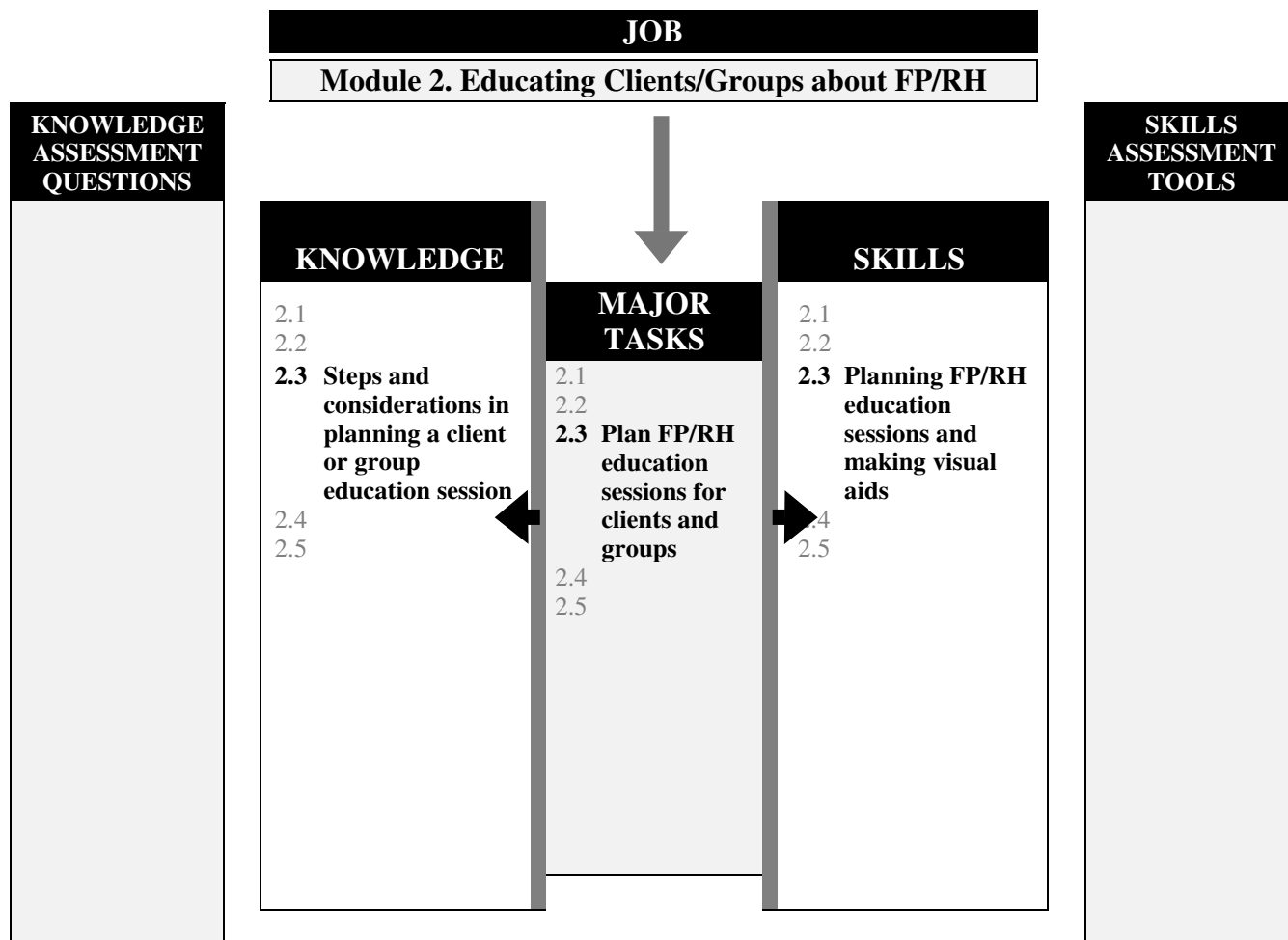


Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. Only the knowledge required to perform any given MAJOR TASK is in the KNOWLEDGE outline of the module. In this example, the KNOWLEDGE required to perform the MAJOR TASK of planning FP/RH education sessions consists of the steps for planning a group education session and important considerations. Likewise, only the skills which make up the MAJOR TASK are listed in the SKILLS component of the module. In this example, the SKILLS that must be practiced are planning an actual FP/RH education session and making visual aids.

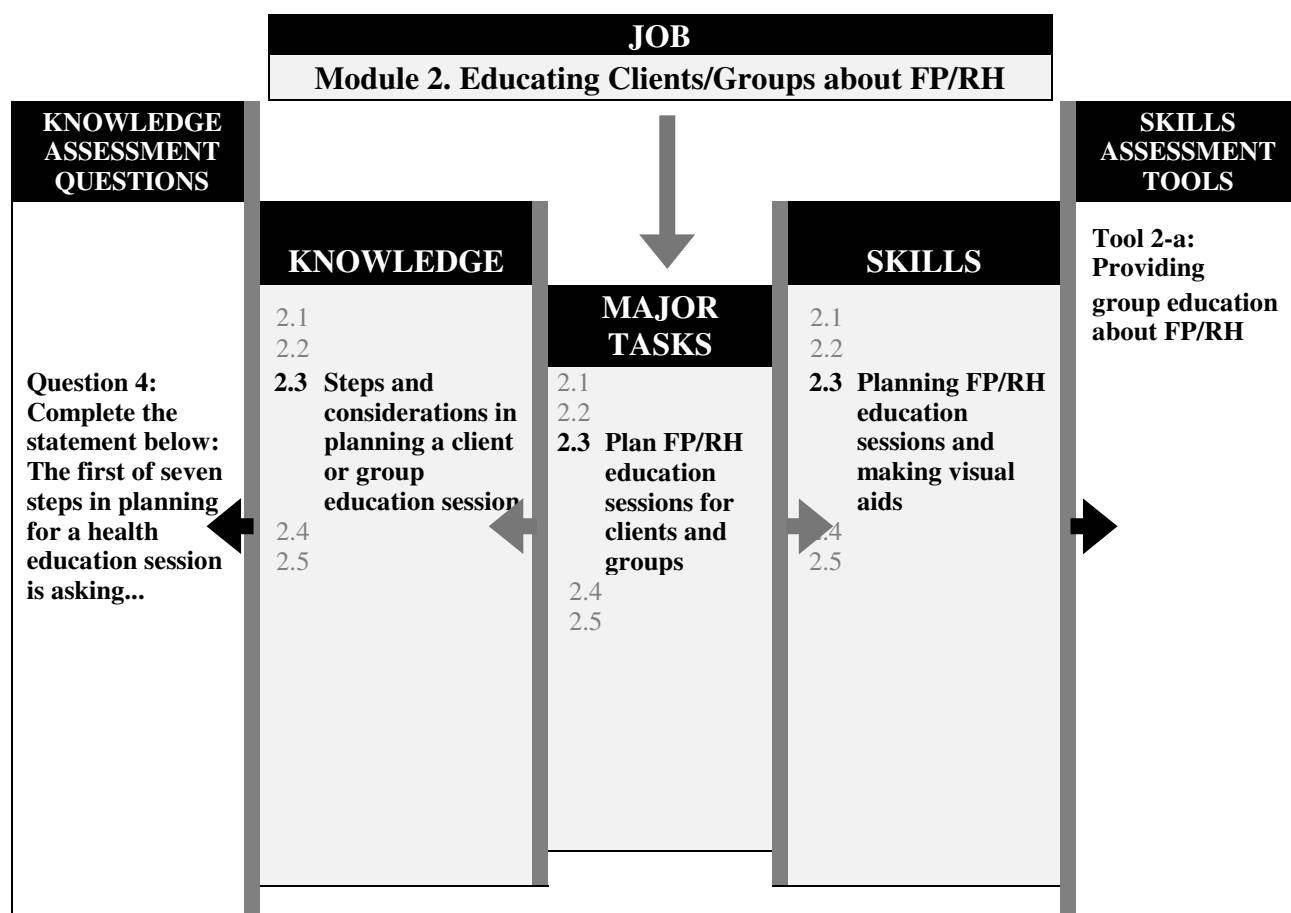


Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that the trainee can adequately perform each MAJOR TASK, the module includes two types of instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They can also be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

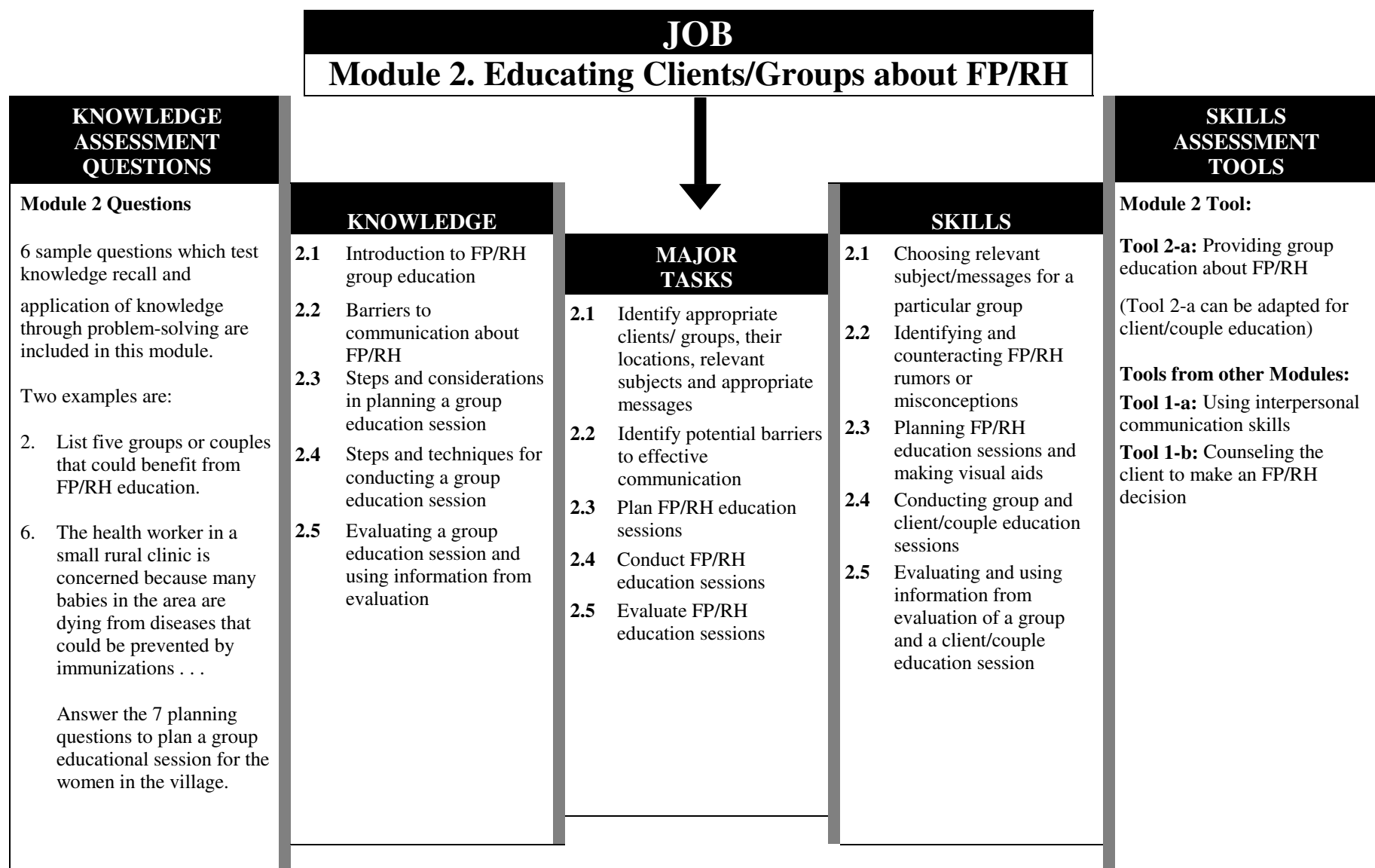


Figure 5: Detailed map of Module 2

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to provide family planning/reproductive health (FP/RH) education sessions for clients and groups.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

- 2.1 Identify appropriate clients/groups, locations to reach those clients/groups, relevant subject areas and appropriate messages for FP/RH education.
- 2.2 Identify informational needs of clients/groups and potential barriers to effective communication about FP/RH/sexuality issues.
- 2.3 Plan FP/RH education sessions for clients/groups.
- 2.4 Conduct FP/RH education sessions for clients/groups.
- 2.5 Evaluate FP/RH sessions for clients/groups.

KNOWLEDGE**&****SKILLS**

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the five major tasks which comprise the job of educating clients and groups about FP/RH. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules or in other references (see the **References** list at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See the **References** list for the full citation of the sources listed.)

MAJOR TASK 2.1

Identify appropriate clients/groups, locations to reach those clients/groups, relevant subject areas and appropriate messages for FP/RH education.

KNOWLEDGE**2.1 Introduction to FP/RH group education****2.1.1** *Reasons for conducting FP/RH client/group education sessions*

- to create FP/RH awareness, build trust and stimulate interest that will eventually lead to those interested adopting an appropriate FP or RH-related practice
- to give correct and balanced information regarding FP/RH
- to dispel rumors and misconceptions
- to introduce a new service or FP method
- to implement and adhere to one of the quality of care elements: "information given" (see User's Guide.)
- to empower clients to make decisions on health matters that will affect them, their partners and/or their families
- to respond to individual and community needs, interests and concerns about FP/RH and FP/RH services and commodities

2.1.2 *Sources of information about FP/RH problems that could be addressed through FP/RH client/group education*

- clinic statistics regarding FP methods used, methods discontinued by clients or distrusted because of rumors associated with them
- country and/or city statistics, including trends in sexually transmitted infections (STIs) and HIV/AIDS prevalence (e.g., through the National AIDS Control Program)
- clients' comments about the service
- discussions with individual women or men
- focus group discussions (FGDs) with both users and non-users of FP/RH services
- interviews with community representatives (e.g., women's groups)
- FP/RH providers' comments

2.1.3 *Appropriate groups for FP/RH services and education*

If specified in national FP/RH policy guidelines and standards, all males and females of reproductive age (including adolescents), regardless of their marital and health status, will be included. For example:

- newly married women and couples
- pregnant women
- women who have just given birth
- women who have just had abortions, abortion complications or miscarriages
- mothers who have had four or more pregnancies
- women who are over 35 years of age
- sexually-active adolescents below 18 years of age, whether married or not
- other sexually-active women and men, whether married or not
- women with health problems, such as diabetes or heart disease
- individual men or women and couples with STIs or HIV/AIDS
- women who have had a difficult pregnancy or delivery, such as:
 - women who had ante- or postpartum hemorrhage
 - women who experienced pregnancy-related illness or complications during delivery (e.g., obstructed labor or eclampsia)
- breastfeeding mothers during the first 6 months after delivery
- mothers of sick or underweight babies
- women suffering from domestic violence
- clients and others with daughters, where female circumcision is practiced
- men in the community (leaders, partners of the women listed above)
- others generated by trainers and trainees

2.1.4 *Locations for FP/RH education*

As specified in the country's national FP/RH service policy guidelines and standards, locations may include but are not limited to:

- antenatal, postpartum and labor wards
- children's wards where mothers stay with their sick children
- under 5-year-old child health/immunization and antenatal clinics
- nutrition rehabilitation wards for malnourished children and their mothers
- centers providing FP/RH education programs
- gynecological wards (especially postabortion)
- schools, youth training centers or youth-serving organizations
- women's and other community organizations
- markets or village squares
- community radio (using the most dynamic providers/trainees)
- waiting-room video (using the most dynamic providers/trainees)
- others generated by trainers and trainees

2.1.5 *Major subject areas for FP/RH education* (see Modules 3 through 6)

- family planning
 - meaning of FP; continuum from traditional to modern methods
 - health and social benefits of FP and RH
 - components of FP/RH services; where and when to obtain the services
 - FP methods available in the health facility, district, region and country
 - features of FP methods, including advantages, disadvantages, side effects and message that choice of FP method depends on individual needs, preferences and risk factors
 - risk of pregnancy versus potential side effects of modern FP methods
 - services to assist clients who have had unprotected sex within 72 hours and advantages for RH (emergency contraception)
 - dangers of pregnancy for: women below 18 years and over 35 years of age; women who have pregnancies less than 2 years apart; and women who have had more than four pregnancies
 - benefits of FP for women postabortion
 - fertility awareness
- maternal health (MH)
 - status of MH based on local/national vital statistics
 - services available in preconceptional care, safe motherhood and inter-conceptional care
 - rest and nutrition for mother's and baby's health during pregnancy and the postpartum period

- importance and availability of tetanus toxoid immunization
- positive breastfeeding advice and dealing with common breastfeeding problems
- recommendations for returning to everyday life for the postpartum woman
- importance of men's education about MH
- adolescent health and development
 - status of adolescent health based on local/national vital statistics
 - adolescent issues: nutrition, staying in school, self-esteem, abstinence, sexual coercion and violence, avoiding STIs, HIV and pregnancy
 - immunization benefits for adolescent and adult women; current schedules
 - female circumcision and its health dangers; alternatives for helping girls move from childhood to adulthood
 - importance of men's education about adolescents' health
- STIs/HIV/AIDS
 - preventing, managing and controlling the spread of STIs and HIV/AIDS; relationship between STIs and new HIV infections
 - dealing with non-sexually-transmitted reproductive tract infections
 - issues of conception, pregnancy and breastfeeding in persons with HIV infection and AIDS
- child health
 - benefits of breastfeeding for child and contraceptive benefit of lactational amenorrhea method (LAM) of FP; three conditions for LAM
 - immunization benefits for babies; current schedules
 - managing common infant and child health problems at home (e.g., respiratory infections, diarrhea, eye and skin infections)
 - symptoms of serious infant health problems requiring care by a nurse or other health worker
- others specified in local or national FP/RH service policy guidelines and standards or generated by trainers and participants

Note: Choose one subject relevant to the group selected. Trainer can add other related topics depending on the service provision situation, e.g., low client load, insufficient time available to provide FP counseling for new clients, clients' informed choice.

2.1.6 *Messages in FP/RH education*

- purpose of messages
 - to provide information that may help one individual modify her/his behavior and that is relevant to her/his needs or problems

- to provide the information that may help groups or a whole community change its norms on FP/RH behaviors, education and services
- sources of messages
 - identified needs and interests of audience
 - available client education leaflets, posters, calendars or other visuals on FP/RH topics which have been reviewed for accuracy, balance and currency of information
 - local songs or sayings that are related to health or childbearing, e.g., “poorly spaced children are like poorly spaced banana trees — usually both are unhealthy or die”
 - available books reviewed for accuracy, balance and currency of information; local/national FP/RH service policies and standards
- guidelines for developing messages in a subject area
 - learning the priority messages contained in the national FP/RH guidelines, leaflets or books
 - basing the message on identified needs or advances/new services in FP/RH. For example, if clients trust only combined oral contraceptive pills (COCs) and injectable FP methods, the message could emphasize the safety and benefits of intrauterine contraceptive devices (IUDs), progestin-only pills (POPs) and other FP methods relative to their side effects/drawbacks; if the service site is providing new FP/RH services, the message could be what the new services are, the benefits of the services or the support health providers need from the community in order to provide the services.
 - reinforcing those messages other health providers are giving to clients in response to identified needs

SKILLS

2.1 Choosing relevant subject/messages for a particular group

(see local or national FP/RH service guidelines or identify a particular groups’ needs, concerns, preferences through survey data and qualitative research.)

MAJOR TASK 2.2

Identify informational needs of clients/groups and potential barriers to effective communication about FP/RH/sexuality issues.

KNOWLEDGE

2.2 Barriers to communication about FP/RH

2.2.1 *Potential barriers to effective communication about FP/RH/sexuality issues*

- family members/couples: discussion about FP, STI or HIV protection or sex may rarely or never occur due to cultural norms or individual shyness; a

woman may be using FP without discussing it with her partner; no one in the family may be willing to initiate discussion concerning sensitive sexual subjects

- community members: existence of cultural or religious practices against FP; cultural reticence to discuss sexual matters
- health providers: inadequate training in counseling and education skills; negative personal values/attitudes towards FP and FP methods; share cultural reticence about discussing sexual matters frankly; not practicing skills acquired from training; repeating same client education topics for all clients regardless of the individual client's needs or knowledge level; not giving or able to give clients factual reasons for the services being offered or provided to them; hierarchical or disrespectful attitudes toward clients and audiences
- health facilities: inadequate space or privacy available or inadequate time allocation for FP and RH education; irregularity of supplies availability so that education could lead to unfulfilled demand for services and FP/RH products
- FP/RH service policy guidelines: eligibility for FP (are men, adolescents and unmarried persons welcome?); physical assessment criteria for initiating an FP method; designated providers or centers for specific FP/RH services; service modality (vertical or integrated); do clients wait in areas that are separated according to problem or service?
- other barriers according to trainers' and trainees' local circumstances

2.2.2 *Approaches to overcome barriers to FP/RH communication in the health sites*

- exploring one's values as a health provider and/or trainer on sensitive sexuality-related subjects and moving to/taking a positive stand, e.g., FP/RH services for adolescents; services for clients suffering from sexual abuse or domestic violence; discussing female circumcision, if provider comes from a community where the practice exists; services for unmarried clients; offering support and compassion to clients who have had an abortion
- training other service providers in sexuality issues, interpersonal communication skills, skills in conducting educational sessions
- making these skills part of provider performance monitoring and evaluation
- using effective client education materials that have been pretested with client groups
- inviting and involving community leaders in gathering and sharing information about the clinic or health service problems, and giving feedback on how to improve services and community outreach
- improving organization of health facilities and services to maximize access to and quality of care (MAQ) (see Module 8: Organizing the Clinic for MAQ); holding meetings to inform community of these improvements (outreach)
- using updated service policy guidelines to improve access to services
- teaching clients to negotiate health services with partners; using counseling skills to help clients "open up"; responding to nonverbal communication of clients as needed (see Module 1: Counseling Clients)

2.2.3 *Rumors and misconceptions about FP methods or FP/RH practice*

- definition of rumor or misconception
 - rumor: general talk not based on definite fact
 - misconception: incorrect interpretation; misunderstanding or mistaken belief that may be shared in the community or culture
- examples of FP rumors (related to FP methods, FP in general) given by trainer/trainees (see Module 3: Providing Family Planning Services)
- examples of other RH rumors (related to STI or HIV transmission, treatment or care; pregnancy or childbearing and newborn care) (see Modules 4 through 6)

2.2.4 *Counteracting rumors, misconceptions and unwarranted concerns*

- suggestions for responses when a rumor is stated:
 - using counseling skills to help person to clarify the statement made and help provider relate the rumor to misconceived FP/RH practice or event, e.g., related to FP method side effect
 - eliciting explanations for concern (e.g., cultural belief that menstruation cleanses the body may represent an obstacle to potential progestin-only injectables (POI) users since menstruation is often disrupted and sometimes stops with POI use)
 - using facts, not opinion
 - showing respect for the individual and culture by not ridiculing/criticizing those who believe the misinformation
 - soliciting assistance of satisfied FP/RH users to help dispel the rumor
 - if possible, educating traditional healers and other cultural leaders and involving them in educating others
- other examples given by trainer and trainees

SKILLS**2.2. Identifying and counteracting FP/RH rumors or misconceptions**

(see Tool 1-a: Using interpersonal communication skills; and role playing/practicing suggestions in section 2.2.4 above)

MAJOR TASK 2.3

Plan FP/RH education sessions for clients/groups.

KNOWLEDGE**2.3 Steps and considerations in planning a group education session**

(**Note:** Planning for an individual client or couple education session uses some aspects of the following guidelines when there is a scheduled session. However, education for an

individual or couple often occurs on the spot in response to what the client wants/needs to know.)

2.3.1 *Seven planning questions to ask when outlining a group education session* (see User's Guide)

- What is the problem (what is/are the message(s) to be shared)?
- Who are the participants?
 - the number of participants
 - their backgrounds (including their ages, education levels, language(s), literacy, cultures, marital status)
 - their knowledge about the problem or message – both correct, incorrect and in terms of completeness
 - their capacity/ability to take part in the session or what it takes to engage them in the session
 - their reasons for seeking FP/RH services or information
- What do I want the participants to be able to do as a result of participating in the health education session (objectives of the session)?
- Where and for how long should the health education session take place (for it to achieve the objective(s) stated above)? What preparation needs to be made in the venue for effective education? When should the session be repeated? Should the content be broken into several sessions?
- What health education method(s) is/are most appropriate (for it to achieve the objective for the particular participant group)? (see section 2.3.4 below)
- What visual or audiovisual aids are needed?
 - visuals that are related to the session objective(s)
 - visuals that are clear to the client group
 - visuals that can be demonstrated and those that can be distributed to the group
- How will I know how effective the health education session was (assessment/evaluation of the session immediately and later during client care)? What will I ask the audience to do to assess the effectiveness of the education session?

2.3.2 *Relating planning questions above to adult learning and enhancing participants' ability to adopt the messages*

- using the 7 planning questions help enhance adult learning by ensuring that:
 - the session is relevant to participants' needs, time available
 - participants are involved and learn by doing during some part of the session
 - participants' experience and opinions are solicited and included
- answering the 7 planning questions also helps to:
 - select the priority messages or problems to address first
 - identify persons who may assist the provider to hold a successful session

2.3.3 *Importance of organizing written notes for the health education session*

- to be concise and systematic; to stay on designated subject; to cover all the important points; to use allotted time effectively
- to have reference documents at subsequent health education sessions
- to have evidence of applying the national FP/RH service standards
- to have a reference that can be used by a colleague, if necessary

2.3.4 *Using selected participatory health education methods*

- presentation/discussion
- soliciting audience questions; answers by presenter
- role play followed by discussion
- storytelling, drama, teaching a group song, or audiovisual presentation followed by discussion
- quiz followed by answers and discussion
- small group problem-solving
- panel discussion
- for an individual client or couple: questions and answers using visual aids

2.3.5 *Visual aids*

- visual aids can be used to:
 - make something small look larger
 - compare similarities and differences
 - show steps in doing a task or procedure
 - show how something changes or grows
 - serve as a basis for discussion
 - provide information when a trainer or service provider cannot be present
 - show something people cannot see in real life
 - help learners discover solutions to problems
 - make a difficult idea easier to understand

(See examples in INTRAH: *Teaching and Learning with Visual Aids*, pp. 18-30)

- deciding what visual aids to use
 - identify visual aids in the clinic or locally available: types, where they are, who has them, past experience with using them and with what audiences
 - choose visual aids that have been pretested with representatives of the intended audience, e.g., with clients who are not accustomed to learning from pictures

- choose visual aids whose design includes pictures and words that are easy to understand, are clearly and simply presented, have culturally-acceptable pictures and words, direct the eye to important information and hold the audience's attention
- using visual aids during the session
 - number and arrange the visual aids in the sequence of presentation
 - explain important themes of visual aids as you present them
 - make sure that each person in the audience can see the visual aids; do not stand or sit in front of them
 - learn the material well enough to speak to the audience when using visual aids and not look at the visual aids (beyond a glance or when pointing to a particular feature)
- choosing alternatives when there are no visual aids
 - local FP/RH-related idioms, stories or songs
 - health provider-created stories or songs
 - real objects (e.g., contraceptive commodities, foods, oral rehydration solution (ORS) packets) to pass around
 - other ideas generated by trainers/trainees
- posting and using visual aids on walls or bulletin boards
 - avoid overcrowding the visual aids
 - place visual aids in a systematic order
 - use visual aids that have been pretested with the intended audience and that can be easily read and understood
 - change posted visual aids regularly and draw attention to newly posted visual aids

SKILLS

2.3. Planning a FP/RH education session and making visual aids

- planning a FP/RH education session (see Tool 2-a: Providing group education about FP/RH)
- making visual aids for a FP/RH education session (see *Teaching and Learning with Visual Aids* for how to plan, develop and use visual aids)

MAJOR TASK 2.4

Conduct FP/RH education sessions for clients/groups.

KNOWLEDGE

2.4 Steps and techniques in conducting a group education session

2.4.1 *Major components of conducting an FP/RH education session*

- arranging seating and materials to accommodate ease of hearing and seeing
- introducing session, creating rapport with the audience
- presenting main content
 - finding out what participants know about the subject
 - clarifying misconceptions
 - adding to participants' knowledge through presentation and visual aids
 - using paraphrasing and open-ended questions to promote discussion and asking for participants' feedback to ensure participants have understood each point discussed
 - stating how participants can use knowledge learned through specific behaviors
 - distributing relevant supporting educational materials
- evaluate and close session (see section 2.5)

2.4.2 *Process of and techniques for conducting group education*

- beginning the session
 - create rapport with audience: greet, smile, ask how audience members are today
 - begin by using stories, experiences or sayings related to the FP/RH topic
 - state the session objectives
- maintaining attention of participants during a planned group education session
 - keep to session objectives and time allocation
 - shift to another technique if participants appear bored and distracted
 - use participatory education methods, including questions and answers
 - use pretested visuals and audiovisual aids, if available and interesting
 - use other techniques identified by the trainer
- closing the session
 - review one objective at a time and summarize content and what the group has learned
 - ask one or more participants to volunteer to summarize the main ideas discussed

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- ask if there are any further questions
- use other methods according to the trainer's experience
- evaluating the group education session (see section 2.5 below)

2.4.3 *Techniques for conducting individual client/couple education*

- provide the service sought by the client, if possible
- use counseling skills (see Module 1: Counseling Clients) to alert the client/couple about the health problem observed, if any (i.e., individual or couple could be seeking FP information/advice)
- use information-providing skills (see Module 1: Counseling Clients, knowledge outline 1.2.7)
- encourage client/couple to ask questions and raise concerns
- ensure client has time to ask questions and discuss the subject/problem
- use the same two-way communication process as for counseling a client to make an FP/RH decision (see Module 1: Counseling Clients, knowledge outline 1.2.8 and Tool 1-b: Counseling the client to make an FP/RH decision)

SKILLS

2.4. Conducting group and client/couple education sessions

- conducting group education sessions (see Tool 2-a: Providing group education about FP/RH)
- conducting client/couple education sessions (adaptations of Tool 2-a: Providing group education about FP/RH; and Tool 1-b: Counseling the client to make an FP/RH decision)

MAJOR TASK 2.5

Evaluate FP/RH sessions for clients/groups.

KNOWLEDGE

2.5 Evaluating the group education session and using information from evaluation

2.5.1 *During and immediately after the session*

- ask questions related to the objective of the session
- listen to participants' questions – do they show confusion, interest and/or trust regarding the subject being discussed?
- observe non-verbal communication – do participants demonstrate boredom or confusion? or satisfaction, interest and growing trust?
- invite volunteers to summarize main ideas discussed, e.g., the purpose/objective of the session, major content covered or agreements

Note: Immediately act on the information shared by participants during the session, as discussed above. Clarify any misconceptions voiced.

- if possible to gather baseline data for participants with at least minimal literacy skills, develop and use audience-appropriate pre- and post-tests (pretested with low-literate groups)

2.5.2 *After the session* (at regular time intervals of three or more months)

- review clinic statistics – has the number of FP/RH clients increased? What is the average increase of FP/RH clients pre-and post- FP/RH education? (Compare statistics of previous and current months. If there is an initial increase followed by a plateau or decrease, plan to hold another education session.)
- listen to clients' or colleagues' repoints about the health education sessions – are clients saying they are satisfied?

2.5.3 *After evaluation of health education session*

- use the information to plan subsequent FP/RH education sessions
- relate this process of identifying clients' needs to adult learning principles
- use the information regarding audiences' knowledge, beliefs and attitudes to improve individual and couple counseling by preparing to deal with common misperceptions and concerns

SKILLS

2.5. Evaluating and using information from evaluation of group and client/couple education sessions

- evaluating and using information from evaluation of a group education session (see Tool 2-a: Providing group education about FP/RH)
- evaluating and using information from evaluation of a client/couple education session (adaptation of Tool 2-a: Providing group education about FP/RH)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains six sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to educate clients and groups about FP/RH.

There are two types of questions: those which ask the trainee to recall information (for example, questions 1 through 5) and those that require the trainee to apply knowledge or solve a problem which they will likely encounter on the job (for example, see question 6). These six questions do not cover all of the knowledge in Module 2. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Note that the question numbers do not correspond to the numbered sections of the knowledge outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Check (✓) the purpose(s) of health education below:
 - a. To inform and/or update a group about a specific health topic ()
 - b. To dispel rumors and misconceptions about health practices or programs ()
 - c. To find out how much a group understands about certain health practices ()
 - d. To persuade clients or groups not to use traditional health providers ()
 - e. To encourage adoption of relevant health practices ()
 - f. To introduce a component of existing health service ()
 - g. To empower clients/potential clients to make decisions about health matters ()
 - h. To respond to individual and community needs, interests and concerns about FP/RH and FP/RH services and commodities. ()

2. List five groups or couples that could benefit from FP/RH education.
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

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3. For each group listed in question 2 above, state briefly why they might benefit from FP/RH education.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. Circle T if the statement is TRUE or F if it is FALSE.

- a. FP /RH clinic providers should reach out to clients for FP/RH services in their own and neighboring health service centers. T/F
- b. National FP/RH service policy guidelines and standards provide a list of priority groups and the topics that are appropriate for these groups. T/F
- c. Topics for health education should be limited to those standard topics provided by national headquarters. T/F
- d. Men, women and adolescents of childbearing age should receive FP/RH health education (including STI prevention and FP methods). T/F
- e. It is important to use clinic service records concerning common health problems or concerns as one of several tools to develop appropriate health education sessions. T/F
- f. Well-presented FP/RH education sessions are likely to attract new clients. T/F

5. Complete the statements below regarding FP/RH health education:

- a. FP/RH clients are more likely to want to learn about FP/RH if the topic and message are:

- b. The first of seven steps in planning for a health education session is asking:

- c. One critical/important step to be followed just before closing a health education session is:

- d. When there are no printed visual aids available, a health provider can use:

- e. Providing accurate health education about FP/RH is part of one element of the:

6. The health worker in a small rural clinic is concerned because many babies in the area are dying from diseases that could be prevented by immunizations. She is concerned because mothers in the area do not bring their babies to the clinic for these immunizations or allow the community-based health worker to immunize the babies during home visits for FP or other health services. Her assistant, who lives in the village, told her that the women fear that the immunizations will poison their babies. They have heard rumors of babies dying after such immunizations, and they prefer to use their own herbal remedies for illnesses. The health worker observes that the women gather every week under a tree in the village to pound their grain, talk, and sing. The women are busy with many tasks and only stay under the tree about one hour or less.

What can the health worker do to encourage the women to ask for their babies to be immunized through either the clinic-based or the community-based services? She has some paper and paint that she brought from the regional capital. The village has no electricity.

Answer the seven planning questions to plan a group educational session for these women.

Answer Sheet to the KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (7 points)

- a.
- b.
- c.
- e.
- f.
- g.
- h.

Question No. 2 (5 points)

Any of the following are correct, as well as others that the trainer judges to be correct:

- newly married women and couples
- pregnant women
- women who have just given birth
- women who have just had abortions, abortion complications or miscarriages
- mothers who have had four or more pregnancies
- women who are over 35 years of age
- sexually-active adolescents below 18 years of age, whether married or not
- other sexually-active women and men whether married or not
- women with health problems such as diabetes or heart disease
- individual men or women and couples with STIs or HIV/AIDS
- women who have had a difficult pregnancy or delivery, such as:
 - women who had ante- or postpartum hemorrhage
 - women who experienced pregnancy-related illness or complications during delivery (e.g., obstructed labor, eclampsia)
- breastfeeding mothers during the first 6 months after delivery
- mothers of sick or underweight babies
- women suffering from domestic violence
- clients and others with daughters, where female circumcision is practiced
- men in the community (leaders, partners of the women listed above).

Question No. 3 (5 points)

For whichever five responses (of the 17 options) were selected as answers in Question No. 2, the answers for Question No. 3 should include something about:

- improved maternal well-being (psychological, physical, and/or socio-economic) and/or
- improved infant or child survival or health and/or
- improved public health, e.g., decreased STI/HIV transmission.

Question No. 4 (6 points)

- | | | | |
|----|---|----|---|
| a. | T | d. | T |
| b. | T | e. | T |
| c. | F | f. | T |

Question No. 5 (5 points)

Any of the following are correct, as well as others that the trainer judges to be correct:

- a.
 - based on their needs and concerns OR
 - immediately applicable OR
 - clear and non-technical OR
 - brief and lively
- b. what problems need to be solved (among the client group)?
- c. evaluating the health education provided
- d. any of the following:
 - local FP-related sayings or “maxims”;
 - local FP-related stories;
 - stories and songs created/developed by the FP/RH provider/educator;
 - real objects, such as contraceptive method commodities; and/or
 - other correct responses, as determined by the trainer
- e. quality of care.

Question No. 6 (7 points)

The following are *possible* answers to the seven planning questions for this case example.

1. **What problem:** many babies in the area are dying from diseases that could be prevented by immunizations
2. **Who:** women with babies
3. **What:** ask for their babies to be immunized
4. **Where and how long:** under the village tree where women gather to pound their grain; 15 to 30 minutes
5. **Teaching methods:** songs, stories, or a talk about immunizations for babies
6. **Visual aids:**
 - (a) existing materials: paper and paint
 - (b) materials she can make:
 - (1) pictures to illustrate her songs or stories about immunizations
 - (2) drawing of children showing symptoms of each of the diseases that could be prevented by immunizations
7. **Effectiveness:**
 - (a) Observe whether the women pay attention to her presentation and ask questions or offer their own stories about diseases and immunizations.
 - (b) Count the number of women who ask for their babies to be immunized (at clinic-based or community-based service) *before* and *after* the session.
 - (c) before and after education session written knowledge assessment (if possible, a literacy-appropriate and pretested instrument).

GRAND TOTAL: 35 points

CUT OFF: 24 points (must include correct answers to questions 4a, 4b, 4e and 5)

SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when educating clients and groups about FP and RH. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They may also be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to educate clients and groups. Trainers can create additional tools for other skill areas using the suggested resources below as references.

Module 2 Tools:

Tool 2-a: Providing group education about FP/RH

Useful Tools from other Modules:

Tool 1-a: Using interpersonal communication skills

Tool 1-b: Counseling the client to make an FP/RH decision according to her particular needs

Useful resources for developing other tools:

(see **References** at the end of this module for full citations)

For more on planning, developing and using visual aids, see INTRAH: *Teaching and Learning with Visual Aids*

Skills Assessment Tool 2-a

PROVIDING GROUP EDUCATION ABOUT FP/RH
(can be adapted for individual client/couple education)

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19 _ _

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 2-a (continued)

PROVIDING GROUP EDUCATION ABOUT FP/RH

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the group education session.	12		10		
2. Establishes rapport with the group.	6		4		
3. Conducts the session.	18		14		
4. Evaluates the session.	8		6		
5. Closes the session.	8		6		
TOTAL	52		40		

Skills Assessment Tool 2-a (continued)

PROVIDING GROUP EDUCATION ABOUT FP/RH

Rating Scale: **2 = Done According to Standards**
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the group education session.

	2	1	0	Comments
1.1 Has prepared a written plan indicating the following:				
a. *session topic,				
b. *objectives of the session and				
c. *at least one participatory method for delivering talk.				
1.2 *Topic selected is appropriate for the target group.				
1.3 Has visual aids that are relevant to the topic.				
1.4 *Has arranged seating in such a way that the audience is able to see and hear clearly.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 2: Establishes rapport with the group.

	2	1	0	Comments
2.1 *Greet the group in a respectful, friendly way.				
2.2 *Introduces herself and others with her.				
2.3 Asks the group whether they are seated comfortably and whether they can all hear and see the presenter.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 2-a (continued)

PROVIDING GROUP EDUCATION ABOUT FP/RH

Rating Scale: **2 = Done According to Standards**
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3: Conducts the session.

	2	1	0	Comments
3.1 *Introduces the FP/RH topic and objectives of the session.				
3.2 *Asks the group what they know about the topic.				
3.3 Commends the group for the positive information they know about the topic.				
3.4 *Respectfully deals with rumors and misinformation.				
3.5 *Presents the content factually, clearly and logically.				
3.6 *Uses non-technical language.				
3.7 Uses visual aids appropriately.				
3.8 *Invites the group to ask questions and answers them factually.				
3.9 *Acknowledges questions she cannot answer and informs the group she will find the answer and let them know later.				

POSSIBLE SCORE: 18 points CUT OFF: 14 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 4: Evaluates the session.

	2	1	0	Comments
4.1 *Asks the group to state what they have learned from the session.				
4.2 Asks the group how they will use the information they have learned. (continued on the next page)				

Skills Assessment Tool 2-a (continued)

PROVIDING GROUP EDUCATION ABOUT FP/RH

Rating Scale: **2 = Done According to Standards**
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4 (continued): Evaluates the session.

	2	1	0	Comments
4.3 *Paraphrases the group's learnings and applications.				
4.4 *Restates the objectives of the session, checking to what extent each has been met (ask the group what was said about the objectives).				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 5: Closes the session.

	2	1	0	Comments
5.1 *Summarizes the major points of the session.				
5.2 *Thanks the group for their participation.				
5.3 Informs the group of any future session(s).				
5.4 *Informs the group where more information or individual help can be obtained.				

POSSIBLE SCORE: 8 points CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

REFERENCES

The following list includes the Key Resources for this Module (see page 2-9), references used to develop this module, and other resources that are particularly useful for trainers.

Doak CC, Doak LG, Root JH: *Teaching Patients with Low Literacy Skills*, 2nd ed. Philadelphia, JB Lippincott Co., 1996.

Helpful resource for teaching patients using written materials, audiocassettes, visuals and computers. Provides tools to test literacy skills and assess the suitability of materials and the comprehension process. This edition includes a chapter describing the most relevant health education theories that providers can apply to teach their patients or develop materials, as well as a chapter on how to teach using new technologies. Available in **English** from:

Lippincott-Raven Publishers
P.O. Box 1600
Hagerstown, Maryland 21741, USA.
Tel: 1-301-714-2300
Fax: 1-301-824-7390
E-mail: LROrders@phl.lrpublish.com

* Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in **English** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

Hatcher RA, et al: *Contraceptive Technology: International Edition*. Atlanta, Printed Matter, 1989.

Intended for family planning providers, this edition describes family planning benefits and practices around the world and provides guidelines for managing family planning services. Contains updated STD management guidelines and a special section on AIDS as well as available contraceptive methods. Tables detailing family planning practices in 14 countries are also included. No longer in print.

* These resources are particularly useful for trainers.

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- * Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in **English** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

INTRAH: *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*, 2nd ed. revised. Chapel Hill, NC, INTRAH, 1993.

Provides guidelines summarizing basic step-by-step clinical procedures for providing family planning services, including all modern childspacing methods, voluntary surgical contraception (counseling only), subfertility/infertility services, and infection prevention guidelines. Selected chapters and appendices are being updated to reflect the latest World Health Organization (WHO) and other international guidelines. Chapter on progestin-only injectables and appendix on infection prevention were updated in **English** in 1996; **French** and **Spanish** versions will be completed in 1997. Chapters on IUDs, combined oral contraceptives and progestin-only pills are being updated. Available from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

* These resources are particularly useful for trainers.

- * INTRAH: 7 Planning Questions for Family Planning Training: An INTRAH Appointment Calendar for Trainers, 1992, in INTRAH: *Tools from INTRAH Calendars for Family Planning Trainers, 1987-1994*. Chapel Hill NC, INTRAH, 1995.

Reprint includes seven planning questions with examples of how they can be applied in development of training sessions. Also includes training session plan format and completed lesson plan.

Available in **English** and **French** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

- * INTRAH: *Teaching and Learning with Visual Aids*. London, Macmillan Publishers Ltd., 1987.

Introduces trainers to use of visual aids for effective teaching and learning of family health and family planning. No previous knowledge or skills in art or visual aids are required. Emphasizes active involvement of learner and learning by doing. Extensively field-tested, in Africa and the Middle East, and revised in light of experience. Available in **English** from:

TALC (Teaching-aids At Low Cost)
P.O. Box 49
St. Albans
Herts, AL1 4AX, United Kingdom
Tel: 0-727 853869
Fax: 0-727 846852

Population Reference Bureau, Inc.: *Family Planning Saves Lives*, 3rd ed. Washington, DC, Population Reference Bureau, 1997.

In addition to a special focus on adolescents and reproductive health, this edition describes new research data on maternal and child survival and health in developing countries and the role of family planning. Uses demographics and excellent charts and graphs. Available in **English**, **French** and **Spanish** from:

Population Reference Bureau, Inc. (PRB)
International Programs
1875 Connecticut Avenue, N.W., Suite 520
Washington, DC 20009-5728, USA.
Tel: 1-202-483-1100
Fax: 1-202-328-3937
E-mail: lashford@prb.org

* These resources are particularly useful for trainers.

Module 2: Educating Clients and Groups

- * Werner D, Bower B: *Helping Health Workers Learn*. Palo Alto, CA, Hesperian Foundation, 1983.

Intended for instructors of village health workers who may have limited formal education. Divided into five major parts, each of which provide clear explanations on how to plan and carry out training programs to: improve learning, use *Where There Is No Doctor* (also available from Hesperian Foundation) to provide basic medical care, provide prenatal and child care and family planning, teach children and improve food-related problems. Illustrations and photos are included throughout the book. Available in **English** and **Spanish** from:

The Hesperian Foundation Publications
2796 Middlefield Road
Palo Alto, California 94306, USA.
Tel: 1-415-325-9017
Fax: 1-415-325-9044
E-mail: hesperianfdn@ipc.apc.org

- World Health Organization: *Education for Health: A Manual on Health Education in Primary Health Care*. Geneva, WHO, 1988.

Provides guidelines that primary health care workers can adapt and use to develop, conduct, and evaluate effective health activities in their communities. Also intended as a tool to train community health workers and improve interpersonal communication and communication at the local, regional, or national level. Available in **English**, **French** and **Spanish** from:

World Health Organization (WHO)
Distribution and Sales
CH-1211 Geneva 27
Switzerland.
Tel: 41-22-791-2476/2477
Fax: 41-22-791-4857
E-mail: publications@who.ch

- * Zimmerman M, et al: *Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide*, rev. ed. Washington, DC, PATH, 1996.

Presents guidelines for developing health and family planning print materials for illiterate or low-literate groups worldwide. Explains that print materials which are easy to understand and culturally appropriate can be used to support the interaction between health workers and clients. Includes examples of materials from various countries. Available in **English** from:

Program for Appropriate Technology in Health (PATH)
1990 M Street, NW
Washington, DC 20036, USA.
Tel: 1-202-822-0033
Fax: 1-202-457-1466
E-mail: info@path-dc.org

* These resources are particularly useful for trainers.